Ms. Zeins

American government Teacher

AFS Institute of Visual Arts

1500 Harlem Ave.

Baltimore, MD 21217

**mezeins@bcps.k12.md.us**

Dear Parents/Guardians,

I am so excited to have your child as my student in American Government this year! Your child will probably tell you that I am a tough, but fair teacher, who believes in every student and pushes them to his or her potential.

Since it is the beginning of the year and because this is an HSA tested subject, it is important that all students get off on the right start. Many parents ask me what they can do to help their child succeed in the classroom. I will be giving nightly homework assignments that students must turn in every day. These should take between 15-30 minutes to complete. It would be helpful if you checked with your students that they have completed these assignments each evening or morning, before they get to school. I have coach class from 3:00-4:00pm every Monday, Tuesday, and Thursday for students who would like help completing assignments or reviewing material.

I hope that we can become partners in your students’ success and believe that this partnership begins with strong communication. Please feel free to call me before, during or after school. My cell phone number is 516-641-1967. In addition, you can reach me through e-mail at [mezeins@bcps.k12.md.us](mailto:mezeins@bcps.k12.md.us). I will be sending home progress reports and newsletters once per quarter to keep you updated, but please let me know if there is more I can do to keep you informed.

The survey that is attached asks for a few key pieces of information about your child. This will help me better instruct him or her. Please fill it out and send it back by this Friday with your student.

I am excited to work with you to help your child succeed! Please reach out to me with any further questions.

Sincerely,

Ms. Molly Zeins

**PARENT/GUARDIAN SURVEY**

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Numbers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Cell)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Work)

May I call you at work? YES NO

What is the best time to reach you at work? MORNING AFTERNOON EVENING

What is the best time to reach you at home? MORNING AFTERNOON EVENING

**ADDITIONAL INFORMATION**

1. What are your student’s strengths? What does he/she enjoying doing? What subjects does he/she do particularly well in?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. What does your student struggle with and/or find challenging?

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3. Would you be interested in contributing to our class in any way? Please circle all that apply:

Chaperoning field trips Being a guest speaker (topic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Tutoring after school Helping with an after-school club (type: \_\_\_\_\_\_\_\_\_\_\_\_)

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Is there anything else that you would like to share with me? Do you have any concerns or questions for me?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank-you for taking the time to fill out this survey! Please remove it from the parent letter, sign it, and have your student return it to me.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date